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June 16, 2021

Psychiatric Evaluation: Shye Greenfield

Date of Birth: January 17, 1994

This evaluation is based on clinical interview and formal psychiatric evaluation, as well as my review of the relevant materials in this case. My opinions are stated within a reasonable degree of medical certainty.

Identifying Information

Shye Greenfield is a 27-year-old dual US and Israeli citizen currently residing in Hod Hasharon, Israel. She lives with her partner and has no children. She was born in Tel Aviv, Israel. She initially lived in Tel Aviv and later moved to Ramat Hasharon.

Following high school, she began her compulsory army service however left after six months due to difficulties acclimatizing to requirements. After leaving the army, she became a dancer and worked in the field. She became interested in Pilates and now works as a Pilates instructor. She also studies Chinese medicine.

Presenting Problem

Ms. Greenfield states that on the day of the terror attack she was in her parents' home with her boyfriend. It was a Saturday morning (19/3/2016). Her parents had travelled to Istanbul on a culinary tour – a gift her father had given to her mother and her mother's sister. She recalls that her sister called and told her that their parents were involved in a terror attack in Istanbul on their trip. She thought her sister was joking. She then looked at her WhatsApp messages and noted that there was a message from her father informing her “terror attack, I was injured”. She relates that on seeing and reading the message, she had a "severe attack of anxiety". It was very intense, and she thought that she herself was going to die. After calming, she managed to contact and speak with her mother in Turkey. She was still full of fear and anxiety and could not stop crying. She also recalls that she could hardly speak since she was hyperventilating from anxiety. She recalls that she was extremely upset and that no one could calm her. She knew that she had to eat, however she was shaking so much that she was not able to eat for some time.

Ms. Greenfield recalls that even though she was in such an anxious state, she felt that she had to do something in order to cope with this massive shock in her life. There was also the issue of the unknown – she did not know exactly how badly her parents were injured and them being so far compounded and increased her fears and concerns. She decided that she needed to be with her sister who was pregnant. Her brother travelled immediately the same day to Turkey to be with their parents. She remembers seeing him speaking on television and how she felt that their lives had been upturned suddenly in such a violent and unexpected manner. She waited for her parents to return to Israel which they did within a day of being injured in the suicide terror attack. She was relieved to see them alive on their return to Israel, however the damage from her intense anxiety response had already occurred. She emphasizes that she felt helpless in the situation. It was also extremely difficult to see her parents in the state that they were in the immediate and long term after the trauma. She also indicates that she could not cope with seeing her father cry when he heard who died in the suicide bombing.

Ms. Greenfield reports that she herself felt “traumatized by the trauma”. She describes herself as a sensitive and even vulnerable person at times, so this sudden shock to her system really affected her badly. She felt that the whole experience was almost “unreal”. This feeling on "unreality" she describes became a form of defense mechanism for her since she could not deal with seeing her parents in such a difficult situation – from the heights of a happy touring trip to the depths of injury and several months rehabilitation in a wheelchair for each of them. She never thought that such an experience would ever affect her family and especially out of the country. The terror attack dramatically affected her sense of safety and stability. To this day she always asks herself “what if” in a variety of situations. She is not calm and easy going in any situation anymore. She has become tense and in general cannot relax.

The suicide bombing led to her stopping her studies in “dance”. The terror attack took place just before her major "life-changing" concert performance which was meant to be the transition to a more serious career of studies and performances in professional dancing. Since she missed these trial performances, she never felt that she could get back to where she was and her career in dance ended.

The week, months and even years since the terror attack became very frustrating for her. Her parents required intensive rehabilitation in order to return to function in their legs and ability to walk. She was based in her parents' apartment and had to deal with all their medical issues. This included urinary problems of her father. She had to even shower him since he was not able to do so on his own. Her mother definitely could not help with these functions, so she had to deal with it. She also had to prepare food for them – this was a major change from before when her mother would take care of all these activities and responsibilities. She also had the burden of transporting her parents to various treatments and medical and rehabilitation appointments in their wheelchairs. This was very challenging and difficult for her to do, but nevertheless she did it since her parents required this help. Not less importantly, in addition to dealing with her own ongoing anxiety and stress in the situation, she had to manage her parents' anxiety and post-traumatic symptoms. They were both very traumatized and she had to take care and reassure them despite she experiencing her own anxieties and insecurities in the situation.

While she emphasizes the negative aspects of how the suicide terror attack drastically changed her life in a sudden manner for the worse, there were some positive aspects in that her family became closer in order to deal with the crisis that had suddenly affected all of them. Because of this, she became much more anxious herself regarding the safety of all her direct family members. Thus, if anyone had to travel out of their city, especially if international, she would become very anxious – “a nervous wreck”, affecting her behavior around the time of their travel. She in general became much more anxious in public places due to her fear of another terror attack. Her friends have been a support for her and have tried to assist her in overcoming her difficulties and fears – however it remains a struggle for her.

Ms. Greenfield describes how difficult it is for her to see how rapidly her parents aged after the terror attack. She states that they have never returned to their “full of energy” dynamic selves. The stress and trauma have led them down a path of deteriorating function. She shares how difficult it is for her to observe her father who used to be strong and active. “He is now but a shell of what he used to be”. She remains in constant fear of losing her parents as she nearly did in the suicide bombing. She experiences this feeling as something very unstable in her life which affects many aspects of her relationship with them today. This is a marked change from how she was and acted in the past.

Post-traumatic symptomatology

1. Nightmares: occasional nightmares of terror attacks and Arabs rioting. The frequency of these nightmares has decreased over the years since the terror attack.
2. Avoidance: of areas where there could be potential terror attacks. Thus, even though her boyfriend very much wanted the two of them to travel to the Sinai desert for vacation, she refused. She also refuses to travel to Jerusalem unless absolutely necessary – and definitely not to travel to “*Machaneh Yehuda*” (the open Jerusalem market).
3. Hypervigilance: in any public place. Always looking around for anyone suspicious.
4. Despite the several years that have passed since the traumatic suicide bombing event, she still feels at times disconnected from experiences around her – this

would be especially in times of crisis, both personal and national (missile attacks from the south).

5. When she feels disconnected from her surroundings and those around her, she experiences the physiological response of her throat closing which is very uncomfortable and disconcerting for her.

Due to her ongoing anxiety, lowered mood and post-traumatic symptoms which began to affect her function adversely as she describes, she decided to seek psychotherapy treatment. This treatment began in 2017 (September) and continued until recently (Ruti Bar Shalev). She never felt that she needed medication for her mood and anxiety issues, so she never visited a psychiatrist for evaluation and treatment.

Previous Psychiatric Illnesses

She denies any previous psychiatric treatment or evaluation prior to the suicide terror explosion.

Alcohol or Substance History

She reports no alcohol or substance abuse.

Family Psychiatric History

None reported.

Mental Status

General appearance: young, casually dressed, informal.

Behavior: serious, uneasy, unsure of herself, not confident, eager to assist yet finds it difficult to share pain and fears.

Affect: tense affect when describing details of effects of the suicide bombing on her and her parents.

Mood: Admits to low mood (says improved recently with having partner).

Speech: Clear and coherent

Thought disorder: No evidence of formal thought disorder.

Thought Content: No evidence of delusional content.

Perceptual Disorder: No evidence of past or present hallucinations. No evidence of psychosis.

Neurocognitive and neuropsychiatric status: fully alert and oriented. Concentration and attention ability are intact.

Impulse Control: Intact.

Insight: Good.

Judgment: Good.

Reliability of Mental status and interview: very good.

Psychological Testing

HAM-D and HAM-A rating scales and PTSD scale (PDS-5) were administered.

The **Hamilton Depression rating scale** (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. The **Hamilton Anxiety Rating Scale** (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. The HAM-A probes 14 parameters.

The **Posttraumatic Diagnostic Scale** (PDS-5) is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe).

Scores indicate presence of mild depression (score of 11 on the Ham-D), minimal anxiety (score of 10 on the Ham-A), PTSD (score of 49 on the PDS-5).

Summary of Observations

Shye Greenfield is a 27-year-old female with signs and symptoms of dysthymia, post-traumatic features and anxiety following the suicide terrorist bombing in which her parents were injured in Istanbul, Turkey. Although she did not witness the event, the experience of her parents being injured in such a violent and sudden manner left her

with significant anxiety, especially since there were several deaths in the terror attack. This has lasted many years to the present. As a result, she has experienced significant social, and emotional effects over the past years considerably affecting her function in several areas of her life. Much of the burden for the care of her parents has fallen on her and she describes how her life has been adversely and dramatically affected by her responsibilities towards her parents along with her underlying anxieties following their injuries.

Prognosis

Shye Greenfield suffered significant anxiety following the suicide terrorist bombing in which her parents were injured in Istanbul, Turkey. She clearly expresses how her life has been affected following the loss. Despite the treatment she has received and the years that have past, it is not expected that her anxiety issues affecting many areas of her personal and social functioning will resolve in the short term, and they will continue to affect her for a long time to come.

Diagnostic Formulation

309.81 (F43.10) Post-traumatic Stress Disorder

300.09 (F41.8) Other Specified Anxiety Disorder (generalized anxiety not occurring more days than not in all 3 of 6 core symptoms)

A handwritten signature in blue ink, appearing to read 'R. Strous', is written over a light blue rectangular background.

Rael Strous MD